

LOW THYROID SYMPTOM CHECKLIST

NAME: _____ DATE: _____ CURRENT DOSE: _____

These symptoms arise from Low Intracellular Thyroid Hormone, not what is in the blood!

Rate the following symptoms based on Severity in last 72 hours – 0 (None) 5 (Severe)

Fatigue	0	Anxiety	0
Depression	0	Lack of sweating	0
Weight gain/difficulty losing weight	0	Weakness	0
Cold extremities	0	Pale skin	0
Dry or coarse skin	0	Shortness of breath	0
Constipation	0	PMS (women only)	0
Cold intolerance	0	Heavy menstrual flow (women only)	0
Hair loss or dry hair	0	Muscle or joint aches	0
Poor memory	0	Poor motivation	0
Poor concentration	0	Water retention	0
Migraines	0		

Total Score: 0

Recommendations Resulting:

- ☐ Continue Same Dose
☐ Increase Dose to _____ daily/other
☐ Decrease Dose to _____ daily/other